

Illinois State University Laboratory Schools

Annual Field Trip Consent, Release and Waiver

Section 1 *(To be completed by field trip leader)*

Illinois State University Laboratory Schools students have the opportunity to participate in field trips that are sponsored and organized by the School. This Consent and Waiver is intended to cover the field trips listed below for the 2019-2020 school year for _____ (teacher's name) _____ (grade level) class. In addition, they have the opportunity to use the swimming pool and rock climbing wall located in Metcalf School. If other field trips are scheduled for this school year, a specific consent and waiver will be required for each additional field trip. **Please place an X in the line if your child has permission to participate in the following:**

Field trip name and date(s)	Parent consent
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• Swimming Pool	_____
• Rock Climbing Wall	_____

Section 2 *(To be completed by field trip participant)*

Although the school desires to provide a safe and enjoyable time for all students, accidents can happen. I/we understand that there are risks/dangers involved with participation in field trips, including the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards, and hazards associated with travel to and from the field trip site. In addition, there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

I, parent/guardian of a minor student at _____, acknowledge that there are certain risks inherent in field trips, including but not limited to those stated above, and that all risks cannot be prevented. I acknowledge that my student is physically able to participate in these field trips, and I hereby grant consent for my student to participate in these field trips.

I understand and hereby acknowledge that my child and I assume all risks incurred by my participation in these field trips. In consideration of being allowed to participate in the field trip, I hereby release The Board of Trustees of Illinois State University, its officers, agents, employees and assigns from liability from any and all claims arising out of or in any way connected with the field trip, including but not limited to the risks as outlined above.

I further understand that I may revoke my consent for a specific field trip by submitting a written notice to the teacher more than one day prior to the trip.

In case of accident, illness or other emergency, I request that the school contact me. If the school cannot reach me or another emergency contact after conscientious effort, I give permission for school staff to call paramedics or any licensed physician or dentist. In case of a life-threatening emergency, I give permission for school staff to call paramedics immediately and then contact me as soon as possible thereafter.

I am competent to sign this consent release and waiver and have read and understood all the provisions contained in it.

PARTICIPANT:

Name of child (printed)

Signature of Parent/Guardian of Participant

Name of Parent (printed)

Signature of Parent

(Date)
